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ABSTRACT

The relationship between self-control and role-taking deficits as exhibited by 37 female institutionalized juvenile delinquents was assessed by Chandler's measure of social egocentrism. Subjects, matched on the basis of their scores on the Matching Familiar Figures (MFF) Test, were randomly assigned to treatment or control groups. The treatment groups made up skits, viewed their productions on videotape, and replayed the skits until each member had played each part. The control groups created videotaped documentaries about the institution, but did not participate as actors in the productions to avoid practice in role-taking. As predicted, a large proportion of the subjects (73%) exhibited role-taking deficits; however, there was no significant correlation between role-taking errors and latency scores on the MFF Test. Results suggest either that there is no systematic relationship between role-taking and self-control, or that the self-control measures used in this research were inadequate. (Author/HLM)

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Developmental Role-taking Deficits in Institutionalized Juvenile Delinquents

Role-taking as a developmental task stems from the conservation and decentering concepts of Piaget's (1950) cognitive theory as they have been extended from impersonal to interpersonal situations (see Feffer, 1970; Flavell, Botkin, Fry, Wright, & Jarvis, 1968). The ability to take the perspective of another person in interpersonal situations--to decenter--increases with age in normal children (e. g., Flavell et al., 1968; Feffer & Gourevitch, 1960), and normal adolescents can take the role of third-person observers of themselves and others in interaction (Shantz, 1975). By contrast, marked developmental delays in role-taking ability have been found in non-normal groups of children ranging from the emotionally disturbed to the mentally retarded and juvenile delinquents.

Successful remediation of role-taking deficits has been reported for institutionalized emotionally disturbed children (Chandler, Greenspan, & Barenboim, 1974) and for non-institutionalized chronically delinquent 11- through 13-year old males (Chandler, 1973). The present research was designed to explore the nature of role-taking skills in female institutionalized delinquents and to examine the relationship of such skills to self-control. It was hypothesized that a high proportion of this population would show role-taking deficits and that subjects who participated in role-taking training would significantly reduce their error scores as compared to an attention control group with similar deficits. Trained subjects also were expected to show a concomitant increase in self-control as measured by latency to first response on the impersonal tasks

of the Matching Familiar Figures Test (MFF, Adult/adolescent Form, Kagan, Rosman, Day, Albert, & Phillips, 1964) and by positive and negative points earned in the institution's token economy, which monitored many interpersonal situations.

The hypothesized relationship between role-taking ability and self-control comes largely from theory (e. g., Mead, 1947; Gough, 1948), and the only research support is provided by Chandler's (1973) finding that trained subjects who reduced their role-taking errors also significantly reduced their court contacts over the ensuing 18 months as compared with an untrained group. Recent work (see Meichenbaum, 1977) in regard to the use of verbal self-instruction for self-control on impersonal tasks such as the MFF lends credence to the hypothesis, and a study of verbal mediation in young aggressive boys (Camp, 1977) indicates that other areas of behavior may be similarly affected by self-verbalizations. Camp notes, "Difficulty in maintaining response inhibition in dealing with such impersonal cognitive tasks . . . and difficulty in inhibiting aggressive behavior in interpersonal situations could both be symptomatic of an ineffective linguistic control system" (p. 152). If a relationship between role-taking ability and self-control could be demonstrated, remediation of role-taking deficits could be a fruitful way of treating delinquents.

In the present study, role-taking deficits were assessed by Chandler's (1973) measure of social egocentrism. This test requires subjects to tell a story from the vantage point of a main character in a set of cartoons and then retell the story from the viewpoint of a bystander in the cartoon sequence. Errors reflect the subject's inability to put aside the privileged information of the main character and to report only knowledge that the bystander could legitimately have. Three sets of cartoons were used as a pretest, and another three sets of highly correlated alternate forms were administered following the training.

Female residents aged 13 through 16 were matched on the basis of their role-taking scores and randomly assigned to treatment or control groups. The treatment subjects made up skits with a part for each member of a group of five or six girls, played the skits, viewed their productions on a video monitor, and discussed what it was like to play the roles. They then shifted roles and repeated the process until every subject had taken every part. The attention control group spent an equal amount of time (four to six sessions lasting one and one-half hours over a period of three weeks) in creating videotaped documentaries about the institution. Control subjects did not appear as actors in these productions in order to avoid practice in role-taking.

As predicted, role-taking deficits were found in a large proportion (73 per cent) of the 37 volunteers among the residents of a state learning center near Richmond, Virginia. The mean error score per set of cartoon figures was 1.77 (maximum = 4). This score is well above that of Chandler's (1973) normal group (mean = .62) and somewhat lower than the score he obtained for non-institutionalized 11- through 13-year-old male delinquents (mean = 2.32). The older age (13 through 16) of the present delinquent group probably accounts for its lower error score since role-taking ability increases with age. There is no evidence from previous research to suggest that sex is an important variable.

Although the present findings support the presence of role-taking deficits in a majority of delinquents, it is important to note that 27 per cent did not make errors. Thus one should avoid simplistically equating role-taking deficits with delinquency, especially in view of the fact that many of the girls in this study were status offenders who had been charged with offenses such as "beyond parental control" and "runaway" which would not be considered crimes if they were adults. The appellation of "delinquent" was based on their having been

committed to the custody of the state rather than their necessarily having committed a delinquent act. Results of this study, therefore, support Chandler's notion of considering role-taking deficits as reflecting social ineptitude rather than antisocial orientation. These findings also point up similarities between delinquents and other groups of non-normal children who show age-inappropriate egocentric thinking and who fail to cope adequately with their life situations.

In regard to the hypothesized relationship between role-taking ability and self-control, there was no significant correlation between role-taking errors and MFF latency scores or negative point totals for the week before testing for 30 subjects on whom data were complete. MFF latency scores and negative point totals also failed to correlate significantly with each other. In addition, MFF latency scores for treatment and control groups were not significantly different from each other following training (n = 9 for each group). No differences between groups were noted for negative point totals for the week after training or for a 30-day follow-up, but the control group obtained significantly larger positive point totals.

These findings suggest either that there is no systematic relationship between role-taking and self-control or that the self-control measures used in the present study were inadequate. One may question the use of the adult/adolescent from of the MFF for this population, since it was difficult for most subjects and many of them seemed to give up and guess rather than search until the correct answer was found. Mean error scores for both groups at pre and posttesting were 8 and a fraction out of a possible score of 12. Further examination of the hypothesis using the children's form of the MFF seems warranted. The variable findings in regard to the point system suggest that it

may be unreliable, and one may question the appropriateness of such an externally-based control program as a measure of self-control, although an attempt was made to maximize the system's self-controlling features by transforming point totals into proportions of points required (positive points) or allowed (negative points) to maintain the level at which a subject had earned in the token economy. Development of better measures of ongoing behavioral self-control appear necessary in order to provide a rigorous test of the hypothesized relationship between role-taking and self-control.

Present efforts to teach role-taking skills produced mixed results. Contrary to expectations, both the treatment and control groups significantly reduced their role-taking errors ($F(1, 16) = 25.92$, $p < .01$). Although the treatment group appeared to have the greater reduction, differences between groups were not significant. This finding suggests that the group living situation and activities of the institutional program may facilitate the acquisition of role-taking skills, since role-taking ability normally is acquired through social interaction and opportunities to "try on" roles. Unfortunately, not enough subjects were available to examine that possibility in the present study, although additional data are being collected.

In summary, a high proportion of institutionalized female delinquents were found to have role-taking deficits. Such deficits, however, did not relate systematically to the self-control measures -- MFF latency scores or negative and positive points obtained by subjects in the institution's token economy. Both treatment and control groups significantly decreased role-taking errors following a training phase. Questions are raised about the adequacy of the self-control measures used and the impact of institutional living on the acquisition of role-taking skills. Further research is recommended.

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